Authorization for Release of Information (From HTPN)



Affiliated with Baylor Health Care System

and Acquired Immune Deficiency S laboratory test results, medical h	Syndrome ("AIDS"), mental illness istory, treatment, or any other this authorization. I further und	nmunicable diseases such as (except for psychotherapy r such related information.	idually identifiable health information Human Immunodeficiency Virus ("HIV") notes), chemical or alcohol dependency, I understand that this authorization is and the payment of my health care will
I understand that if the recipient a care provider; the released inform			, e.g. insurance company or non-health regulations.
Patient Name (please print)		Date of Birth	Social Security Number
Patient Address (City, State and Zip)			Phone Number
Specific Date(s) of Service (if known)			All Dates of Service
Information to be released: (Check	k all that apply)		
Complete Medical Records	Radiology Reports & Films	Registration Records	Billing Records
Visits & Encounters	Laboratory Reports	Consultation Reports	Emergency Room
Laboratory Reports	Operative Records	Other:	
The health information described herein shall be <u>released to</u> : Category: Hospital Physician Insurance Company Attorney Patient Other			
Name of Person or Entity (please print)			Phone Number
Address (City, State, and Zip)			Fax Number
Delivery Method: Mailing A	ddress Fax Pick-L	Jp Records Other_	
I understand that this authorization will expire by law 180 days from the date of this authorization unless I otherwise specify. I desire this authorization to be in effect until (Expiration date/event). I further understand that I may revoke this authorization at any time by notifying this practice in writing. I also understand that the written revocation must be signed and dated with a date that is later than the date on this authorization. The revocation will not affect any actions taken before the receipt of the written revocation.			
Signature of Patient, Parent,	or Legal Guardian	Date	
Printed Name of Patient, Pare	ent, or Legal Guardian	or Legal Authorit	(Attach Supporting Documentation)

Version: 04-16-13 External Other